



HOLLIS FIRE-RESCUE

34 TOWN FARM ROAD
HOLLIS, ME 04042
207-727-3623



APPLICATION FOR EMPLOYMENT

Dear Applicant,

Thank you for your interest in Hollis Fire Rescue. Please read this entire letter and complete your application packet in it's entirety to be considered for employment. Applications will be reviewed every other month at a minimum by the interview and hiring committee. Candidates who meet all requirements and who are selected by the committee will be extended an opportunity for an interview. This process may take as long as a few weeks or just a few days.

Hollis Fire Rescue serves a population of 4500 in a rural 33 square miles area. The department has two stations and provides mutual aid to neighboring communities. Hollis Fire Rescue is a progressive department that works with the community to promote fire and health safety. In your application, please enclose the following:

- Completed Application
- Copies of Applicable Certifications including EMS license, firefighting, HazMat, etc.
- Current Resume and Cover Letter (If desired)

Once your packet is complete, submit your application and all related documents to:

Hollis Fire Rescue
Attn: Captain Froman - Hiring Committee
34 Town Farm Road
Hollis Maine 04042

If you have any questions or concerns please contact Hollis Fire Rescue at 207-727-3623. Your completed application that meets all requirements will be held on file for 1 year. After 1 year, you will have to submit a new application if any new positions become available. The current minimum requirements are attached to this letter. Please be aware these are subject to change at will of the hiring committee and department based off current needs.

Current Minimum Requirements for Employment:

Per Diem: Maine EMS License, Interior Qualified Firefighter Certification, EVOC, Valid Maine Drivers License, Paramedics must have ACLS, PALS & Cath Lab Activation Certification, High School Diploma or GED, CPR Certified, Pumps operator (Pumps I preferred), Extrication (Preferred), Must be 21 years old or age 18 with a CDL License.

Call Company: Age 18 and older, Valid Maine Drivers License, High School Diploma or GED.

Fire Police: Age 18 and older, Valid Maine Drivers License with transportation.

Junior Firefighter Program: Age 16 to 18, Parental Permission, reliable transportation

CHIEF JASON JOHNSON



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Date of Application: _____

- Per Diem Employee
- Call Company (Must reside within Town of Hollis or within reasonable distance)

Name (Last, First, Middle Initial): _____

Address: _____ Town: _____ Zip: _____

Phone Number: _____ (Home) _____ (Cell) _____ (Work)

Email Address: _____

Date of Birth (MMDDYYYY): _____ Social Security Number: ____ - ____ - ____

Drivers License Number: _____ State: _____

Have you ever been a member of filed an application for employment with Hollis Fire Rescue Before? Yes No

If yes, month/date of application _____

Military Status

Are you an active member of the United States Military? Yes No

Have you ever served as a member of the United States Military? Yes No

If yes, Discharge status Honorable Other

Education

Name of School	Address of School	Years Attended	Did you graduate?	Degree/Course of Study
High School:				
College:				
Trade:				
Other:				



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EMPLOYMENT HISTORY

Please list your 3 most recent employments, including any related jobs, military assignments and/or volunteer activities

Employer: _____ Dates Employed: _____

Address: _____

Position Title: _____ Phone: _____

Supervisor: _____ Reason for Leaving: _____

Work Performed:

May we contact this employer? Yes No

Employer: _____ Dates Employed: _____

Address: _____

Position Title: _____ Phone: _____

Supervisor: _____ Reason for Leaving: _____

Work Performed:

May we contact this employer? Yes No

Employer: _____ Dates Employed: _____

Address: _____

Position Title: _____ Phone: _____

Supervisor: _____ Reason for Leaving: _____

Work Performed:

May we contact this employer? Yes No



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EMS & FIRE CERTIFICATIONS/INFORMATION

Do you have any Fire/Emergency Medical Service experience/education/training?
 Yes No If no, please skip this page. If yes, please complete the following:

Length of time in the Fire/EMS service _____

Do you presently work within the Fire/EMS Service? Yes No

Please list all departments that you have worked for or been affiliated with including volunteer, call, career, combinations, or other applicable agencies that provided emergency services?

EMS CERTIFICATIONS

Do you hold a Maine EMS License? Yes No

If yes: License Level: _____ Expiration Date: _____ License Number: _____

Do you hold valid CPR Certification? Yes No

Advanced Life Support Providers:

Do you have current ACLS certification? Yes No

Do you have current PALS/equalivent certification? Yes No

Have you completed a Cath-Lab education program in Maine? Yes No

FIRE TRAINING AND CERTIFICATIONS

Please check off any certification/training level, you have successfully completed and the date completed.

BLS Interior Qualified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Fire fighter I	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Firefighter II	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
SCBA Qualified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
AVOC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
EVOC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Pumps I (Basic)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Pumps II (Advanced)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
HazMat Awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
HazMat Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____

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Other training, specialized fields, certifications
etc: _____

REFERENCES

Please provide 3 professional references (Include no more than 1 family member).

Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____

Application Statement

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I understand that my answers will be verified and that I may be declared ineligible for employment or dismissed from employment if there are any misrepresentations or falsifications. I understand the instructions to the applicants and agree to the conditions established. My signature also allows Hollis Fire Rescue to conduct any background investigation it deems necessary to obtain past criminal history, employment and driver's license history.

Signature _____ Date _____

Parent/Guardian Signature (If under 18 years of age)

The following information will be used in your personnel file if hired:

Beneficiary: _____ Relationship: _____

In case of an emergency, please notify:

Name _____

Address: _____

Phone: _____

Relationship: _____

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Office Use Only

Application Received Date: _____ Initials: _____

First Interview Date: _____ Initials: _____

First Interview Committee:

1. _____
2. _____
3. _____
4. _____
5. _____

Recommended for Employment Yes No

Chiefs Interview Date: _____

Remarks:

Criminal Background Check Pass Fail

Driving Record Check Pass Fail

Chiefs Approval Date: _____ Hire Date: _____

Schedule Orientation

Create Profile Hollis Computer Server

Create Profile for Data Track / File Marker

Enter into Knox Box System.

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